KENTUCKY BOXING AND WRESTLING COMMISSION

656 Chamberlin Avenue, Suite B, Frankfort, Kentucky 40601



Email: KBWC@ky.gov Phone: (502) 564-0085 Fax: (502) 696-3938

Complaint Form

Filed By:

Name:	Phone #:	
Address:		
City:	State:	Zip:
	Filed Against	<u>:</u>
Name:	Phone #:	
Address:		
City:		Zip:
	Promotion Information	ation:
Name:	Show Date:	
Location:		
	Witnesses	
1. Name:	Phone	e #:
2. Name:	Phone #:	
3. Name:	Phone #:	
4. Name:	Phone #:	

Complaint Deposition

By signing this complaint form, I hereby certify the my knowledge. I also understand that if the law wagainst will be advised of the following information person filing the complaint and the deposition of the second sec	as broken the person this complaint on: that a complaint has been filed	int is being filed
Signature:	Date:	